



Patent Application
Attorney Docket No.: 47004.000054

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
William J. BUISMAN, et al.)
Serial No.: 09/597,297) Group Art Unit: 3624
Filed: June 20, 2000) Examiner: Richard C. Weisberger
For: SYSTEM AND METHOD FOR CONVERTING INFORMATION ON PAPER
FORMS TO ELECTRONIC DATA

TRANSMITTAL LETTER

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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GROUP 3624

Sir:

The following are enclosed for consideration in the above-identified application:

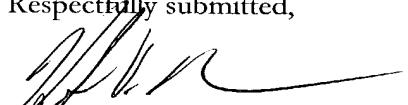
	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Office Action of July 15, 2003	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: _____ Sheets _____ Figures	\$
<input type="checkbox"/> Information Disclosure Statement, Form PTO-1449, copy of French and International Search Reports, and 6 references <input type="checkbox"/>	\$
<input checked="" type="checkbox"/> Amendment and Request for Reconsideration Pursuant to 37 C.F.R. § 1.111	\$
<input checked="" type="checkbox"/> Petition for [Two]-Month Extension of Time	\$420.00
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input checked="" type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$162.00
<input type="checkbox"/> Other:	\$
TOTAL FEES BEING SUBMITTED	\$582.00

	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims	29	20	9	x \$18.00	\$162.00
Independent Claims	2	3	0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
TOTAL EXCESS CLAIMS FEE					\$162.00
SMALL ENTITY TOTAL (if applicable)					\$

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

By:


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TJS/HVK/cbt